Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 1 of 61

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
SOUTHERN DISTRICT OF OHIO	=	
Case number (if known)	_ Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself			
		About Debtor 1:	About Debtor 2 (Spouse Only in a Jo	int Case):
1.	Your full name			
	Write the name that is on your government-issued picture identification (for example, your driver's	Martino First name	First name	
	license or passport).	Middle name	Middle name	
Bring your picture identification to your		Wilson	Lost name and Suffix (Sr. Jr. II. III)	
	meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)	
2.	All other names you have used in the last 8 years			
	Include your married or maiden names.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-1057		

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 2 of 61

Debtor 1 Martino M Wilson Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.			
	Include trade names and doing business as names	Business name(s)	Business name(s)			
		EINS	EINs			
5.	Where you live	6517 Greentree Drive	If Debtor 2 lives at a different address:			
		Cincinnati, OH 45224 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
			Number, Street, City, State & ZIP Code			
		Hamilton County	County			
	If your mailing address is different from the above, fill it in here. Note that the court will senotices to you at this mailing address.		If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for	Check one:	Check one:			
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 3 of 61

Case number (if known)

Part 2: Tell the Court About Your Bankruptcy Case 7. Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 Chapter 13 8. How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. District When Case number District When Case number When Case number District 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is Yes. not filing this case with you, or by a business partner, or by an affiliate? Relationship to you Debtor When Case number, if known District Debtor Relationship to you When District Case number, if known 11. Do you rent your Go to line 12. No. residence? Has your landlord obtained an eviction judgment against you and do you want to stay in your residence? □ Yes. No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

Debtor 1

Martino M Wilson

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 4 of 61

Deb	otor 1 Martino M Wilson		Case number (if known)				
Par	t 3: Report About Any Bu	sinesses	You Own as a Sole Proprietor				
12	Are you a sole proprietor		<u> </u>				
12.	of any full- or part-time business?	■ No.	Go to Part 4.				
		☐ Yes.	Name and location of business				
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any				
	If you have more than one sole proprietorship, use a separate sheet and attach		Number, Street, City, State & ZIP Code	_			
	it to this petition.		Check the appropriate box to describe your business:				
			☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))				
			☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))				
			☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))				
			Commodity Broker (as defined in 11 U.S.C. § 101(6))				
			☐ None of the above				
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline operation	e filing under Chapter 11, the court must know whether you are a small business debtor so that it can set as if you indicate that you are a small business debtor, you must attach your most recent balance sheet, so, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the s.C. 1116(1)(B).	statement of			
	For a definition of small	■ No.	I am not filing under Chapter 11.				
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the ECode.	3ankruptcy			
		☐ Yes.	I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankr	uptcy Code.			
Par	t 4: Report if You Own or	Have Any	Hazardous Property or Any Property That Needs Immediate Attention				
14.	Do you own or have any	■ No.					
	property that poses or is						
	alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is the hazard?				
	public health or safety? Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?				
For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?			Where is the property?				
			Number, Street, City, State & Zip Code				

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 5 of 61

Debtor 1 Martino M Wilson Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 ☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 6 of 61

Den	IVIAI LIIIO IVI VVIISOII								
Par	6: Answer These Quest	ions for Re	porting Purposes						
16.	What kind of debts do you have?		individual primarily for a pe	ebts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an rimarily for a personal, family, or household purpose."					
			□ No. Go to line 16b.						
			Yes. Go to line 17.						
				business debts? Business debts are vestment or through the operation of					
			☐ No. Go to line 16c.						
			☐ Yes. Go to line 17.						
		16c.	State the type of debts you	u owe that are not consumer debts or	business debts				
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapt	ter 7. Go to line 18.					
	Do you estimate that after any exempt property is excluded and	☐ Yes.		 Do you estimate that after any exert available to distribute to unsecured cr 	npt property is excluded and administrative expenses editors?				
	administrative expenses		□ No						
	are paid that funds will be available for distribution to unsecured creditors?		☐ Yes						
18.	How many Creditors do	1 -49		1 ,000-5,000	□ 25,001-50,000				
	you estimate that you owe?	■ 1-49		☐ 5001-10,000	☐ 50,001-100,000				
	owe:	□ 100-19		□ 10,001-25,000	☐ More than100,000				
		□ 200-99	9						
19.	How much do you	□ \$0 - \$5	0,000	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion				
	estimate your assets to be worth?		1 - \$100,000	□ \$10,000,001 - \$50 millio					
			01 - \$500,000	□ \$50,000,001 - \$100 millio □ \$100,000,001 - \$500 mill					
		□ \$500,001 - \$1 million		— \$100,000,001 - \$000 min	D IVICIO MAIN \$50 DIIIION				
20.	How much do you	□ \$0 - \$5	'	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion				
	estimate your liabilities to be?		01 - \$100,000	□ \$10,000,001 - \$50 millio					
		_ ' '	01 - \$500,000 01 - \$1 million	□ \$50,000,001 - \$100 millio □ \$100,000,001 - \$500 mill	* -,,				
		— \$300,0	OT - \$1 IIIIIIOII						
Part	7: Sign Below								
For	you	I have exa	e examined this petition, and I declare under penalty of perjury that the information provided is true and correct.						
					eligible, under Chapter 7, 11,12, or 13 of title 11, and I choose to proceed under Chapter 7.				
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).							
		I request	relief in accordance with the	e chapter of title 11, United States Co	de, specified in this petition.				
		bankrupto and 3571.	y case can result in fines u		noney or property by fraud in connection with a to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519,				
		Martino	no M Wilson M Wilson of Debtor 1	Signature o	f Debtor 2				
		Executed	on June 6, 2017	Executed o	n				
			MM / DD / YYYY		MM / DD / YYYY				

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 7 of 61

Debtor 1 Martino M Wilson Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Steven V. Sorg	Date	June 6, 2017
Signature of Attorney for Debtor		MM / DD / YYYY
Steven V. Sorg Printed name		
JP Amourgis & Associates - Cincinnati		
300 E. Business Way Suite 200		
Cincinnati, OH 45241		
Number, Street, City, State & ZIP Code		
Contact phone 513-826-4408	Email address	bk_cincinnati@amourgis.com
0059929		
Bar number & State		

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 8 of 61

Fill in this infor					
Debtor 1					
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO		
Case number (if known)					☐ Check if this is an
(·· ·····2 ····)					amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	130,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	94,379.53
	1c. Copy line 63, Total of all property on Schedule A/B	\$	224,379.53
Paı	t 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	121,472.27
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	9,086.09
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	34,531.35
	Your total liabilities	\$	165,089.71
Pai	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	3,312.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	1,812.00
Paı	Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sc	hedules.
7.	■ Yes What kind of debt do you have?		

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

page 1 of 2

the court with your other schedules.

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 9 of 61

Debtor 1 Martino M Wilson Case number (if known)

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form
	122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14.

\$______5,704.08

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total	claim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	9,086.09
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	9,086.09

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 10 of 61

Debtor 1 Martino M Wilson First Name					Doci	ument	Page 10 of	61				
Debtor 2 (Spouse, if firing) Frait Name Middle Name Last Name United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO Case number Check if this is an amended filing Check if this is community property Check if this is community property identification number: Check if	Filli	n this inforn	nation to identify you	r case and th			3					
Debtor 2 (Spouse, if firing) Frait Name Middle Name Last Name United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO Case number Check if this is an amended filing Check if this is community property Check if this is community property identification number: Check if												
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO Case number	DOD	101 1			e Name		Last Name					
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 n each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you whink it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). It is not that the category where you have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Single-family home Single-family home Duplax or multi-unibuilding Du												
Case number Check if this is an amended filing	(Spou	se, if filing)	First Name	Middle	e Name		Last Name					
Official Form 106A/B Schedule A/B: Property 12/15 n each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you hink it fits beat. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct normation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Condominium or cooperative Duplex or multi-unit building Condominium or cooperative Duplex Order or Seedelde Duplex or multi-unit building Condominium or cooperative Duplex Orde	Unite	ed States Bar	nkruptcy Court for the:	SOUTHER	N DISTI	RICT OF OH	10					
Official Form 106A/B Schedule A/B: Property 12/15 n each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you hink it fits beat. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct normation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Condominium or cooperative Duplex or multi-unit building Condominium or cooperative Duplex Order or Seedelde Duplex or multi-unit building Condominium or cooperative Duplex Orde	Casi	numher									П	Charle if this is an
Schedule A/B: Property nech category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you hink if it is beat. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct normation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Part II	Ous						_				_	
Schedule A/B: Property nech category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you hink if it is beat. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct normation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Part II	,											_
Schedule A/B: Property nech category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you hink if it is beat. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct normation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Part II	Οŧŧ	isial Es	**** 4.0C A /D									
neach category, esparately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you hinklik fit sheet. Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2.	_											
hink if its best. Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.	Sc	hedul	e A/B: Prop	perty								12/15
Information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2.												
Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In												
Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2.							,,	pg,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,
Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2.	Part	1: Describe I	Each Residence, Buildin	g. Land. or Ot	her Real	Estate You O	wn or Have an Intere	st In				
No. Go to Part 2.												
### Ves. Where is the property? ### Ves. Where is the property? ### Usingle-family home	1. Do	you own or h	ave any legal or equitab	le interest in a	ıny resid	ence, building	յ, land, or similar pro	perty?				
### Street address, if available, or other description Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Othe		No. Go to Part	t 2.									
### Street address, if available, or other description Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Othe		Yes. Where is	s the property?									
Street address, if available, or other description Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Current value of the entire property? S130,000.00 S130,000.00												
Street address, if available, or other description Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Current value of the entire property? S130,000.00 S130,000.00												
Street address, if available, or other description Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Current value of the entire property? S130,000.00 S130,000.00	11				What	is the propert	tv? Check all that apply					
Street address, if available, or other description Duplex or multi-unit building Condominium or cooperative		6517 Gree	ntree Drive						educt secured claims or exemptions. Put			
Cincinnati OH 45224-0000 City State ZIP Code Investment property Other Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: Current value of the entire property? \$130,000.00 \$130,000.00 \$130,000.00 S130,000.00 Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known. Fee Simple Check if this is community property (see instructions) Check if this is community property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here		Street address, i	if available, or other description	า		-		the amo	the amount	mount of any secured claims on Sci		ns on <i>Schedule D:</i>
Cincinnati OH 45224-0000 City State ZIP Code Investment property I					— Considerations on an according				Creditors V	Tho Have Claims Secured		cured by Property.
Cincinnati OH 45224-0000 City State ZIP Code Investment property Investment prope						_						
City State ZIP Code		0::	011 45	004 0000			d or mobile home					
Hamilton County Debtor 2 only Debtor 1 and Debtor 2 only Least one of the debtors and another Other information you wish to add about this item, such as local property identification number: Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known. Fee Simple					=					-	por	· .
Other Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known. Fee Simple		City	State	ZIP Code			roperty		\$13	30,000.00	_	\$130,000.00
Who has an interest in the property? Check one Debtor 1 only												
Hamilton County Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here					_		st in the property? Ch	neck one			ancy	by the entireties, or
County Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here									Fee Sim	ple		
Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here		Hamilton				Debtor 2 only	,					
At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here		County				Debtor 1 and	Debtor 2 only		— Chock	, if this is com	muni	ty proporty
2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here						At least one of	of the debtors and and	other			mum	ty property
Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here						-		ut this item	, such as lo	cal		
pages you have attached for Part 1. Write that number here					prope	erty identificat	ion number:					
pages you have attached for Part 1. Write that number here												
pages you have attached for Part 1. Write that number here												
pages you have attached for Part 1. Write that number here	2	العادة الماما	an value of the month		ء المس		from Dont 4 Inc.	dim e	omtulos (-			
pages you have allabored for fall if while that he made in community										=>		\$130,000.00
		_ `										

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 11 of 61

□No				
Yes				
1 Make:	Chevrolet	Who has an interest in the property? Check one		I claims or exemptions. Put
Model:	Cavalier	Debtor 1 only		ured claims on Schedule D: Claims Secured by Property.
Year:	2002	Debtor 2 only	Current value of the	Current value of the
Approx	imate mileage:	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	nformation:	At least one of the debtors and another		
	Blue Book "fair"	D	\$228.00	\$228.0
equip	tion with standard ment	☐ Check if this is community property (see instructions)	φ220.00	φ220.0
) Malaa	Buick	Who has an interest in the assessment of	Do not deduct secured	I claims or exemptions. Put
2 Make:	LeSabre	Who has an interest in the property? Check one	the amount of any sec	ured claims on Schedule D:
Model:		Debtor 1 only		Claims Secured by Property.
Year:	2002	Debtor 2 only	Current value of the	Current value of the
	imate mileage: Iformation:	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	entire property?	portion you own?
	Blue Book "fair"	At least one of the debtors and another		
	tion with standard	☐ Check if this is community property (see instructions)	\$273.00	\$273.0
xamples: I _{No} I Yes	Boats, trailers, motors, persor	Vs and other recreational vehicles, other vehicles, an all watercraft, fishing vessels, snowmobiles, motorcycle a	accessories	
xamples: No Yes	Boats, trailers, motors, persor		nccessories	\$501.00
No Yes Add the dopages you	Boats, trailers, motors, persor	al watercraft, fishing vessels, snowmobiles, motorcycle and watercraft, fishing vessels, watercraft, fishing vessel	nccessories	\$501.00
No Yes Add the coages you Description	Ollar value of the portion you have attached for Part 2. With the Your Personal and Househor have any legal or equitable	al watercraft, fishing vessels, snowmobiles, motorcycle and watercraft, fishing vessels, watercraft, fishing vessel	nccessories	\$501.00 Current value of the portion you own? Do not deduct secured claims or exemptions.
No Yes Add the coages you Become ousehold Cousehold Examples No	Soats, trailers, motors, persor ollar value of the portion you have attached for Part 2. V	al watercraft, fishing vessels, snowmobiles, motorcycle and own for all of your entries from Part 2, including an Write that number here	nccessories	Current value of the portion you own? Do not deduct secured
No Yes Add the cages you Bescotou own Ousehole Examples No	ollar value of the portion you have attached for Part 2. Vibe Your Personal and Househor have any legal or equitable Major appliances, furniture, I escribe	al watercraft, fishing vessels, snowmobiles, motorcycle and own for all of your entries from Part 2, including an Write that number here	ny entries for	Current value of the portion you own? Do not deduct secured claims or exemptions.
Add the coages you own	ollar value of the portion you have attached for Part 2. Vibe Your Personal and Househ or have any legal or equitable Major appliances, furniture, I escribe Refrigerato dryer, couc furniture, I lawnmowe	al watercraft, fishing vessels, snowmobiles, motorcycle and watercraft, fishing vessels, snowmobiles, motorcycle and own for all of your entries from Part 2, including an Write that number here	rasher & droom 0.00	Current value of the portion you own? Do not deduct secured claims or exemptions.
Add the conges you own lousehold Examples No Yes. D	ollar value of the portion you have attached for Part 2. Vibe Your Personal and Househor have any legal or equitable agoods and furnishings Major appliances, furniture, I escribe Refrigerato dryer, cour furniture, I alawnmowelds Televisions and radios; audios	al watercraft, fishing vessels, snowmobiles, motorcycle and watercraft, fishing vessels, snowmobiles, motorcycle and own for all of your entries from Part 2, including an Write that number here	rasher & droom 0.00	Current value of the portion you own? Do not deduct secured claims or exemptions.

Official Form 106A/B Schedule A/B: Property page 2

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 12 of 61

Debtor 1	Martino M W	Tilson Case num	ber (if known)
Exan	other collection	figurines; paintings, prints, or other artwork; books, pictures, or other art objects ons, memorabilia, collectibles	; stamp, coin, or baseball card collections;
9. Equi p	musical instr	graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs,	skis; canoes and kayaks; carpentry tools;
☐ Ye	es. Describe		
■ No	amples: Pistols, rifles	s, shotguns, ammunition, and related equipment	
	<i>mples:</i> Everyday cl	othes, furs, leather coats, designer wear, shoes, accessories	
		Miscellaneous wearing apparel	\$300.00
13. Non	-farm animals	Wedding ring & class ring birds, horses	\$100.00
☐ Ye	es. Describe other personal an	d household items you did not already list, including any health aids you d	id not list
		of all of your entries from Part 3, including any entries for pages you have number here	stached \$3,450.00
	Describe Your Finan own or have any I	cial Assets egal or equitable interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
□ No	<i>mples:</i> Money you	nave in your wallet, in your home, in a safe deposit box, and on hand when you	ile your petition
- Y6	70		A400.00
		Cash	\$100.00
	osits of money amples: Checking, s	avings, or other financial accounts; certificates of deposit; shares in credit unions	s, brokerage houses, and other similar

institutions. If you have multiple accounts with the same institution, list each.

☐ No

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 13 of 61

Debto	r 1 Martino M	Wilson		Case number (if k	nown)
■,	Yes			Institution name:	
		17.1.	Checking	U.S. Bank Easy Checking1670	\$389.66
		17.2.	Checking	U.S. Bank9032	\$0.00
		17.3.	Savings	U.S. Bank2929	\$30.00
	onds, mutual funds			rokerage firms, money market accounts	
	•	15, IIIVESIIII	Institution or issue		
_jo	int venture	stock and	interests in incor	porated and unincorporated businesses, including an i	nterest in an LLC, partnership, and
	No Yes. Give specific i		about themne of entity:		
N N ■ 1	egotiable instrumer on-negotiable instru	nts include puments are	personal checks, cannot t	gotiable and non-negotiable instruments ashiers' checks, promissory notes, and money orders. ransfer to someone by signing or delivering them.	
<i>E.</i>		n IRA, ERIS	SA, Keogh, 401(k),	403(b), thrift savings accounts, or other pension or profit-sh	naring plans
_	res. List cacif acco		of account:	Institution name:	
		401(l	()	Transamerica	\$89,908.87
Ye E: ■ I	xamples: Agreemer	sed deposit	ts you have made:	so that you may continue service or use from a company , public utilities (electric, gas, water), telecommunications c Institution name or individual:	ompanies, or others
23. A r	nuities (A contract	for a perio	dic payment of mo	ney to you, either for life or for a number of years)	
		Issuer nam	e and description.		
	U.S.C. §§ 530(b)(1)			qualified ABLE program, or under a qualified state tuiti	on program.
		Institution r	name and descripti	on. Separately file the records of any interests.11 U.S.C. § §	521(c):
25. Tr	•	future inte	rests in property	other than anything listed in line 1), and rights or powe	rs exercisable for your benefit
	Yes. Give specific i	information	about them		
	xamples: Internet de			and other intellectual property eds from royalties and licensing agreements	

☐ Yes. Give specific information about them...

Filed 06/06/17 Case 1:17-bk-12075 Doc 1 Entered 06/06/17 10:54:45 Document Page 14 of 61 Debtor 1 Martino M Wilson Case number (if known) 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Current value of the Money or property owed to you? portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list No \square Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$90,428.53 for Part 4. Write that number here.....

Official Form 106A/B Schedule A/B: Property page 5

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

■ No. Go to Part 6.□ Yes. Go to line 38.

Deb	tor 1			Case number (if known)	
Part		Describe Any Farm- and Commercial Fishing-Related Property You O If you own or have an interest in farmland, list it in Part 1.	own or Have an Interes	st In.	
46. l	До у	ou own or have any legal or equitable interest in any farm- o	r commercial fishin	g-related property?	
		lo. Go to Part 7.			
	□ Y	es. Go to line 47.			
Part	7:	Describe All Property You Own or Have an Interest in That You I	Did Not List Above		
	<i>Exa</i> ■ No	rou have other property of any kind you did not already list? mples: Season tickets, country club membership ss. Give specific information			
54.		d the dollar value of all of your entries from Part 7. Write that List the Totals of Each Part of this Form	number here		\$0.00
55	Pai	rt 1: Total real estate, line 2			\$130,000.00
56.		rt 2: Total vehicles, line 5	\$501.00		Ψ130,000.00
57.		rt 3: Total personal and household items, line 15	\$3,450.00		
58.		rt 4: Total financial assets, line 36	\$90,428.53		
59.	Pai	rt 5: Total business-related property, line 45	\$0.00		
60.	Pa	rt 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Pa	rt 7: Total other property not listed, line 54 +	\$0.00		
62.	To	tal personal property. Add lines 56 through 61	\$94,379.53	Copy personal property total	\$94,379.53

Official Form 106A/B Schedule A/B: Property page 6

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$224,379.53

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 16 of 61

Fill in this infor					
Debtor 1	Martino M Wilson	1			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		SOUTHERN DISTRICT	OF OHIO		
Case number (if known)					☐ Check if this is an
					amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
	■ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
	☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Schedule A/B that lists this property	Copy the value from Schedule A/B Amount of the exemption you claim Check only one box for each exemption.			Specific laws that allow exemption	
6517 Greentree Drive Cincinnati, OH 45224 Hamilton County	\$130,000.00		\$13,867.00	Ohio Rev. Code Ann. § 2329.66(A)(1)	
Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	2020.00(A)(1)	
2002 Chevrolet Cavalier Kelley Blue Book "fair" valuation	\$228.00		\$228.00	Ohio Rev. Code Ann. § 2329.66(A)(2)	
with standard equipment Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	2020.00(A)(2)	
2002 Buick LeSabre Kelley Blue Book "fair" valuation	\$273.00		\$273.00	Ohio Rev. Code Ann. § 2329.66(A)(18)	
with standard equipment Line from Schedule A/B: 3.2			100% of fair market value, up to any applicable statutory limit		
Refrigerator, stove, oven, microwave oven, dishwasher, washer & dryer,	\$2,500.00		\$2,500.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	
couch, sofa & recliner. Kitchen table and chairs, bedroom furniture, lamps, artwork, books, dining room furniture, lawnmower. No one item of property worth more than \$500.00 Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit		

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 17 of 61 Case number (if known)

ebtor 1	Martino M Wilson				Case number (if known)		
	f description of the property and line on edule A/B that lists this property	Current value of the portion you own	Specific laws that allow exemption				
		Copy the value from Schedule A/B					
	lular phone, computer, television, D player, clock radio, surround	\$550.00			\$550.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	
sou blu	etrom Schedule A/B: 7.1				of fair market value, up to oblicable statutory limit	2020.00(A)(4)(a)	
	scellaneous wearing apparel	\$300.00			\$300.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	
	7.1.5.1.1 GG/164416 7 1 2 2 1 1 1 1 1				of fair market value, up to oblicable statutory limit	2020.00(17)(4)(4)	
	dding ring & class ring	\$100.00			\$100.00	Ohio Rev. Code Ann. § 2329.66(A)(18)	
0					of fair market value, up to oblicable statutory limit		
Cash Line from Schedule A/B: 16.1		\$100.00			\$100.00	Ohio Rev. Code Ann. § 2329.66(A)(3)	
Line	TIGHT GENERALIC AVE. 1911				of fair market value, up to olicable statutory limit	2020:00(//)(0)	
	ecking: U.S. Bank Easy Checking 670	\$389.66			\$389.66	Ohio Rev. Code Ann. § 2329.66(A)(3)	
	from Schedule A/B: 17.1				of fair market value, up to oblicable statutory limit	202000 (7(0)	
	vings: U.S. Bank2929	\$30.00			\$30.00	Ohio Rev. Code Ann. § 2329.66(A)(3)	
Ellie Holli Genedale Al D. 17.0					of fair market value, up to blicable statutory limit	2020:00(: 1)(0)	
	(k): Transamerica e from Schedule A/B: 21.1	\$89,908.87			\$89,908.87	Ohio Rev. Code Ann. § 2329.66(A)(10)(c)	
					of fair market value, up to blicable statutory limit		
	you claiming a homestead exemption object to adjustment on 4/01/19 and every 3 No Yes. Did you acquire the property covere	B years after that for ca	ises fil	led on or	after the date of adjustmer	,	
	□ No						
	□ V ₀₀						

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 18 of 61

Fill	in this informa	tion to identify you	ur case:	1 age 10	0.01		
Deb	tor 1	Martino M Wilso	on				
		First Name	Middle Name	Last Name		-	
	otor 2 use if, filing)	First Name	Middle Name	Last Name		-	
Unit	ed States Bank	ruptcy Court for the	: SOUTHERN DISTRICT OF O	HIO			
						-	
Cas (if kno	e number own)					_	if this is an led filing
Off	icial Form	106D					
			Who Have Claims	Secured	by Propert	:V	12/15
is ne			If two married people are filing togetl out, number the entries, and attach it				
1. Do	any creditors ha	ave claims secured by	y your property?				
	□ No. Check the control of the c	nis box and submit t	his form to the court with your other	r schedules. Yo	ou have nothing else	to report on this form.	
	Yes. Fill in a	II of the information	below.				
Part	List All S	Secured Claims					
for e	ach claim. If more	e than one creditor has	more than one secured claim, list the cre s a particular claim, list the other creditor ical order according to the creditor's nan	rs in Part 2. As	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1	Belden Jew Jewelers, Ir	elers/Sterling	Describe the property that secures	the claim:	\$5,339.27	Unknown	Unknown
	Creditor's Name	<u> </u>	Charge Account				
	Attn. Bonkr	untov					
	Attn: Bankr Po Box 179		As of the date you file, the claim is:	Check all that			
	Akron, OH	_	apply. Contingent				
	Number, Street, Ci	ity, State & Zip Code	☐ Unliquidated				
		•	Disputed				
_	o owes the debt	? Check one.	Nature of lien. Check all that apply.				
	Debtor 1 only			mortgage or sec	ured		
	Debtor 2 only Debtor 1 and Debt	or 2 only	☐ Statutory lien (such as tax lien, me	achanic's lien)			
		debtors and another	☐ Judgment lien from a lawsuit	scrianic s nem			
_	Check if this clair		☐ Other (including a right to offset)				
	community debt						
		Opened					
		12/11 Last Active					
Date	debt was incurr		Last 4 digits of account num	1ber 2902			
	1 =						
2.2	Wells Fargo Mortgage	Home	Describe the property that secures	the claim:	\$116,133.00	\$130,000.00	\$0.00
	Creditor's Name		6517 Greentree Drive Cincin				
			45224 Hamilton County	ŕ			
	8480 Staged	soach Cir	As of the date you file, the claim is:	Check all that			
	Frederick, N		apply. Contingent				
		ity, State & Zip Code	Unliquidated				
	, , 0.	, F	☐ Disputed				
Who	owes the debt	? Check one.	Nature of lien. Check all that apply.				
	Debtor 1 only		☐ An agreement you made (such as	mortgage or sec	ured		
	Debtor 2 only		car loan)				
	Debtor 1 and Debt		Statutory lien (such as tax lien, me	echanic's lien)			
	At least one of the	debtors and another	☐ Judgment lien from a lawsuit				

Official Form 106D

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 19 of 61

Debtor 1 Martino M Wilson			Cas	e number (if know)	
First Name	Middle Na	me Last Name		_	
☐ Check if this claim r community debt	relates to a	☐ Other (including a right to offset)			
Date debt was incurred	Opened 12/12 Last Active 2/16/17	Last 4 digits of account number	0988		
	of your form, add t	olumn A on this page. Write that number h he dollar value totals from all pages.	ere:	\$121,472.27 \$121,472.27	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 20 of 61

			Document	Page 20 01	QT		
Fill	in this inform	nation to identify your case:					
Del	btor 1	Martino M Wilson					
		First Name	Middle Name	Last Name			
	btor 2						
(Spc	ouse if, filing)	First Name	Middle Name	Last Name			
Uni	ited States Bar	nkruptcy Court for the: SOL	JTHERN DISTRICT OF OF	IIO			
Car	se number						
	nown)					☐ Check	c if this is an
						amen	ded filing
_ էւ	Caial Cama	100F/F					
	ficial Form			01-1			40/45
		/F: Creditors Who					12/15
Sche Sche eft. nam	edule G: Execut edule D: Credito Attach the Cont e and case num	racts or unexpired leases that co cory Contracts and Unexpired Le prs Who Have Claims Secured b tinuation Page to this page. If yo ber (if known). I of Your PRIORITY Unsecur	eases (Official Form 106G). D y Property. If more space is r ou have no information to rep	o not include any cr needed, copy the Pa	reditors with partially s art you need, fill it out,	secured claims that number the entries	are listed in in the boxes on the
		rs have priority unsecured clain					
	☐ No. Go to Pa		•				
	Yes.						
2.	identify what typ possible, list the	priority unsecured claims. If a cle of claim it is. If a claim has both claims in alphabetical order accohan one creditor holds a particular	priority and nonpriority amount rding to the creditor's name. If y	s, list that claim here you have more than t	and show both priority a	and nonpriority amour	nts. As much as
	(For an explana	tion of each type of claim, see the	instructions for this form in the	instruction booklet.)	Total claim	Priority amount	Nonpriority amount
2.1	- · · · · ·	Cincinnati	Last 4 digits of accour	nt number	\$9,086.09	\$0.00	\$9,086.09
	•	editor's Name & Budget	When was the debt inc	curred? 2008-2	2012		
		tral Ave. Suite 600	Wileli was the debt int	2000-2	2012	-	
		ati, OH 45202					
		reet City State ZIp Code	As of the date you file,	the claim is: Check	all that apply		
	_	I the debt? Check one.	☐ Contingent				
	Debtor 1 or	nly	☐ Unliquidated				
	Debtor 2 or	nly	☐ Disputed				
	Debtor 1 ar	nd Debtor 2 only	Type of PRIORITY uns	ecured claim:			
	☐ At least one	e of the debtors and another	☐ Domestic support ob	oligations			
	☐ Check if th	nis claim is for a community de	bt Taxes and certain of	ther debts you owe th	ne government		
	Is the claim s	ubject to offset?	Claims for death or p	personal injury while	you were intoxicated		
	■ No		Other. Specify				
	☐ Yes			come tax			-
Pai	rt 2: List Al	I of Your NONPRIORITY Uns	sacurad Claims				
		rs have nonpriority unsecured of					
J.		re nothing to report in this part. Sul	5 ,	vour other schodules			
		e notining to report in this part. Sui	omicans form to the court with	your other schedules.			
	Yes.						
4.	unsecured claim	nonpriority unsecured claims in h, list the creditor separately for east or holds a particular claim, list the control of the	ch claim. For each claim listed,	, identify what type of	claim it is. Do not list cla	aims already included	d in Part 1. If more

Total claim

Part 2.

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 21 of 61

Debit	IVIATUITO IVI VVIISOIT		Case Hulliber (II know)					
4.1	Aqua Finance Inc	Last 4 digits of account number	4974	\$6,096.00				
	Nonpriority Creditor's Name 1 Corporate Dr Wausau, WI 54401	When was the debt incurred?	Opened 12/27/16 Last Active 2/23/17					
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply					
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not					
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts					
	Yes	Other Specify Check Cred	- •					
4.2	Capital One	Last 4 digits of account number	5814	\$546.00				
	Nonpriority Creditor's Name	_		40.0.00				
	Attn: General	WI	Opened 03/07 Last Active					
	Correspondence/Bankruptcy Po Box 30285	When was the debt incurred?	2/16/17					
	Salt Lake City, UT 84130							
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply					
	Who incurred the debt? Check one.							
	Debtor 1 only	□ Debtor 1 only □ Contingent						
	Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt		ration agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharin						
	■ No							
	Yes	Other. Specify Credit Card	<u> </u>					
4.3	Capital One / Menard	Last 4 digits of account number	1100	\$1,217.00				
	Nonpriority Creditor's Name Attn: General Correspondence/Bankruptcy Po Box 30285	When was the debt incurred?	Opened 12/15 Last Active 2/09/17					
	Salt Lake City, UT 84130 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply					
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure						
	☐ Check if this claim is for a community	☐ Student loans						
	debt	Obligations arising out of a separation agreement or divorce that you did not						
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharing plans, and other similar debts						
	No							
	□ Yes	Other Specify Charge Acceptage	count					

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 22 of 61

Debto	r 1 Martino M Wilson		Case number (if know)					
4.4	Citibank / Sears	Last 4 digits of account number	5689	\$3,021.53				
	Nonpriority Creditor's Name Citicorp Credit Services/Attn: Centraliz Po Box 790040 Saint Louis, MO 63179 Number Street City State Zlp Code	When was the debt incurred? As of the date you file, the claim	Opened 02/15 Last Active 2/16/17					
	Who incurred the debt? Check one.	no or the date you me, the claim	o. Oncox all that apply					
	Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	Debtor 1 and Debtor 2 only	☐ Disputed						
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not					
	No	Debts to pension or profit-sharing						
	Yes	Other. Specify Credit Card	<u> </u>					
4.5	Citibank North America Nonpriority Creditor's Name	Last 4 digits of account number	6968	\$1,830.00				
	Citicorp Credit Srvs/Centralized Bankrup Po Box 790040	When was the debt incurred?	Opened 02/09 Last Active 2/09/17					
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply					
	Debtor 1 only	Пол						
		☐ Contingent						
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	 ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts 					
	No	Debts to pension or profit-sharing						
	Yes	Other. Specify Credit Card	<u> </u>					
4.6	Citibank/The Home Depot Nonpriority Creditor's Name	Last 4 digits of account number	3561	\$955.24				
	Citicorp Cr Srvs/Centralized Bankruptcy Po Box 790040	When was the debt incurred?	Opened 12/12 Last Active 2/09/17					
	S Louis, MO 63129 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	As of the date you file, the claim is: Check all that apply					
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	lacksquare At least one of the debtors and another	<u></u>	Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a sepa						
	Is the claim subject to offset?	report as priority claims						
	No	Debts to pension or profit-sharing						
	☐ Yes	■ Other. Specify Charge Acc	count					

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 23 of 61

Debto	or 1 Martino M Wilson		Case number (if know)				
4.7	Comenitycapital/gmstop	Last 4 digits of account number	4825	\$1,237.00			
	Nonpriority Creditor's Name Comenity Bank Po Box 182125 Columbus, OH 43218	When was the debt incurred?	Opened 10/14 Last Active 2/02/17				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply				
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts				
	Yes	Other. Specify Charge Acc	count				
1.8	Firts Premier Bank Nonpriority Creditor's Name	Last 4 digits of account number	1942	\$542.00			
	601 S Minneapolis Ave Sioux Falls, SD 57104	When was the debt incurred?	Opened 12/05 Last Active 2/09/17				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim					
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims					
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts				
	Yes	Other. Specify Credit Card	<u> </u>				
1.9	PayPal Credit Nonpriority Creditor's Name	Last 4 digits of account number	1139	\$2,314.88			
	P.O. Box 105658 Atlanta, GA 30348	When was the debt incurred?	2015				
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply				
	Who incurred the debt? Check one.						
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured					
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa					
	Is the claim subject to offset?	report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts					
	■ No						
	☐ Yes	■ Other, Specify Credit card					

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 24 of 61

Martino M Wilson Case number (if know)

1 Martino M Wilson		Case number (if know)					
Synchrony Bank/Sams	Last 4 digits of account number	4234	\$4,567.00				
Nonpriority Creditor's Name		Opened 02/13 Last Active					
Po Box 965060 Orlando, FL 32896	When was the debt incurred?	2/02/17					
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply					
■ Debtor 1 only	☐ Contingent						
☐ Debtor 2 only	☐ Unliquidated						
Debtor 1 and Debtor 2 only	☐ Disputed						
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
☐ Check if this claim is for a community	Student loans						
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not					
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts					
Yes	Other. Specify Charge Acc	count					
T-Mobile	Last 4 digits of account number	1710	\$268.00				
Nonpriority Creditor's Name		0040					
P.O. Box 742596 Cincinnati, OH 45274	When was the debt incurred?	2016					
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply					
Who incurred the debt? Check one.							
■ Debtor 1 only	☐ Contingent						
Debtor 2 only	☐ Unliquidated						
Debtor 1 and Debtor 2 only	☐ Disputed						
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
Check if this claim is for a community	Student loans						
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not					
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts					
Yes	Other. Specify Utility						
Target	Last 4 digits of account number	8143	\$356.62				
Nonpriority Creditor's Name C/O Financial & Retail Srvs Mailstopn BT POB 9475	When was the debt incurred?	Opened 12/16 Last Active 2/02/17					
Minneapolis, MN 55440 Number Street City State Zlp Code	As of the date you file, the claim	is: Chack all that apply					
Who incurred the debt? Check one.	As of the date you me, the claim	15. Check all that apply					
■ Debtor 1 only	☐ Contingent						
Debtor 2 only	☐ Unliquidated						
Debtor 1 and Debtor 2 only	☐ Disputed						
☐ At least one of the debtors and another	•	Type of NONPRIORITY unsecured claim:					
☐ Check if this claim is for a community	☐ Student loans						
debt		aration agreement or divorce that you did not					
Is the claim subject to offset?	report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts						
No —	·						
Yes	Other. Specify Credit Card	d					

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 25 of 61

Martino M Wilson Case number (if know)

Dept	or 1 Martino M Wilson		Case number (if kn	now)					
4.1 3	Time Warner Cable SWO Division	Last 4 digits of account number	2001		\$258.35				
	Nonpriority Creditor's Name P.O. Box 1060	When was the debt incurred?	2016						
	Carol Stream, IL 60132 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that appl	ly					
	□ Debtor 1 only □ Contingent □ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Type of NONPRIORITY unsecured claim:								
	☐ Check if this claim is for a community	☐ Student loans							
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or o	divorce that you did not					
	■ No	Debts to pension or profit-sharin	g plans, and other sin	milar debts					
	Yes	Other. Specify Utility	g piano, and emer em						
4.1	HO Daniel Dura CO		7609		* 4.400.04				
4	US Bank/Rms CC Nonpriority Creditor's Name	Last 4 digits of account number	7698		\$4,426.94				
	Card Member Services Po Box 108	When was the debt incurred?	Opened 05/11 2/22/17	Last Active					
	St Louis, MO 63166	= A							
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Спеск аш тпат аррг	ıy					
	Debtor 1 only	☐ Contingent							
	Debtor 2 only								
	□ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed								
	☐ At least one of the debtors and another								
	☐ Check if this claim is for a community	☐ Student loans							
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or o	divorce that you did not					
	■ No	Debts to pension or profit-sharing	g plans, and other sin	milar debts					
	Yes	Other. Specify Credit Card	■ Other Specify Credit Card						
4.1 5	US Bank/Rms CC	Last 4 digits of account number	9367		\$1,941.79				
	Nonpriority Creditor's Name Card Member Services Po Box 108	When was the debt incurred?	Opened 04/15 2/22/17	Last Active					
	St Louis, MO 63166 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	As of the date you file, the claim is: Check all that apply						
	Debtor 1 only	☐ Contingent							
	Debtor 2 only	☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:						
	☐ Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a sepa	ration agreement se-	divorce that you did ===					
	Is the claim subject to offset?	report as priority claims	adon agreement of C	arvorde triat you did flot					
	■ No	Debts to pension or profit-sharing	g plans, and other sin	milar debts					
	□Yes	■ Other Specify Credit Card	I						

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 26 of 61

Debtor 1 Martino M Wilson				Case number (if know)									
4.1	Wells I	Fargo	Bank Card	Last 4 digits of account numbe	r 9196	;		\$4,953.00					
 	Nonpriority Creditor's Name Mac F82535-02f Po Box 10438 Des Moines, IA 50306		-02f 38	f Opened 06/13 Last Active When was the debt incurred? 1/26/17									
			City State ZIp Code	As of the date you file, the clain	n is: Chec	k all that appl	у						
'	Who inc	urred t	he debt? Check one.										
	Debto	or 1 onl	y	☐ Contingent									
I	☐ Debto	or 2 onl	y	☐ Unliquidated									
I	☐ Debto	or 1 and	Debtor 2 only	☐ Disputed	·								
I	☐ At lea	ast one	of the debtors and another	Type of NONPRIORITY unsecured claim:									
	☐ Chec debt	k if thi	s claim is for a community	_	☐ Student loans								
		aim sul	bject to offset?	Obligations arising out of a sepreport as priority claims	paration ac	greement or c	livorce that you did not						
1	■ No			Debts to pension or profit-shar	ring plans,	and other sin	nilar debts						
1	☐ Yes			Other. Specify Credit Cal	rd								
Part 3:	List (Others	to Be Notified About a Del	ot That You Already Listed									
is trying have m	g to coll ore thar	ect fro	m you for a debt you owe to so	bout your bankruptcy, for a debt that meone else, list the original creditor t you listed in Parts 1 or 2, list the ad r submit this page.	in Parts 1	or 2, then li	st the collection agency	here. Similarly, if you					
Name and			_	On which entry in Part 1 or Part 2 did yo		•							
Best Buy Credit Services P.O. Box 78009							h Priority Unsecured Clai						
Phoeni			!		Part 2:	Creditors wit	h Nonpriority Unsecured	Claims					
	,			Last 4 digits of account number									
Name and	d Addres	ss		On which entry in Part 1 or Part 2 did yo	ou list the o	original credit	or?						
Joseph			•	Line 2.1 of (<i>Check one</i>):	Part 1:	Creditors wit	h Priority Unsecured Clai	ms					
Assista			Plum St.		Part 2:	Creditors wit	h Nonpriority Unsecured	Claims					
Cincin			.02										
				Last 4 digits of account number									
Name and				On which entry in Part 1 or Part 2 did you list the original creditor?									
Paula E			ning				h Priority Unsecured Clai						
224 Cit	y Hall,	801 I	Plum St.		□ Part 2:	Creditors wit	h Nonpriority Unsecured	Claims					
Cincin	nati, O	H 452		Last 4 digits of account number									
				Last 1 digits of account Hambol									
Part 4:			nounts for Each Type of Ur										
	unsecu			ms. This information is for statistical	reporting	j purposes o	niy. 28 U.S.C. §159. Add	the amounts for each					
							Total Claim						
T	otal	6a.	Domestic support obligations	5	6a.	\$	0.00	-					
clai	ims												
from Pa	rt 1	6b.	Taxes and certain other debts		6b.	\$	9,086.09	-					
		6c. 6d.	=	injury while you were intoxicated ecured claims. Write that amount here.	6c. 6d.	\$ \$	0.00	-					
			The state of the s			<u> </u>	0.00	-					
		6e.	Total Priority. Add lines 6a thro	ough 6d.	6e.	\$	9,086.09						
							Total Claim						
		6f.	Student loans		6f.	\$	0.00	-					
	otal ims												
from Pa		6g.		eparation agreement or divorce that	6g.	\$	0.00						
		6h	you did not report as priority	CIAIMS	eb.		0.00	-					

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 27 of 61

Debtor 1 Martino M Wilson Case number (if know)

6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

34,531.35

here. \$ 34,531.35 |
5j. Total Nonpriority. Add lines 6f through 6i. \$ 34,531.35

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 28 of 61

Fill in this infor	rmation to identify your	case:	<u> </u>	
Debtor 1	Martino M Wilson	1		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		SOUTHERN DISTRICT	OF OHIO	
Case number				
(if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

		Name, Number	, Street, City, State and ZIF	e contract or lease Code	State what the contract or lease is for
.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.3					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.4					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.5					
	Name				
	Number	Street			
	City		State	ZIP Code	_

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 29 of 61

		Docume	nı Page 29 t	דס וכ	
Fill in this	information to identify you	ur case:			
Debtor 1	Martina M Wila	.			
Debioi i	Martino M Wilso First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing	ng) First Name	Middle Name	Last Name		
United Sta	ites Bankruptcy Court for the	: SOUTHERN DISTRICT	OF OHIO		
_					
Case num (if known)	ber				☐ Check if this is an
(ii kilowii)					Check if this is an amended filing
					1 amonded iming
Officia	l Form 106H				
	lule H: Your Co	dobtors			40/45
Sched	iule n. Your Co	debtors			12/15
	and case number (if know you have any codebtors? (,		e as a codebtor.	
_					
■ No					
☐ Yes	3				
	hin the last 8 years, have y na, California, Idaho, Louisiar				ty states and territories include)
■ No.	Go to line 3.				
☐ Yes	s. Did your spouse, former sp	oouse, or legal equivalent live	e with you at the time?		
in line Form	e 2 again as a codebtor onl	y if that person is a guaran	tor or cosigner. Make	sure you have listed to	ng with you. List the person shown the creditor on Schedule D (Official , Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor				editor to whom you owe the debt
	Name, Number, Street, City, State and	DIZIP CODE		Check all schedu	les that apply:
3.1				☐ Schedule D. lii	ne
	Name			☐ Schedule E/F,	
				☐ Schedule G, li	
-	North an Otracat				
	Number Street City	State	ZIP Code		
3.2				□ Cohodulo D !!	20
	Name			Schedule D, lii	
				☐ Schedule E/F,☐ Schedule G, li	
=				Scriedule G, III	<u></u>
	Number Street City	State	ZIP Code		
	Oity	State	ZIF COUE		

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 30 of 61

Fill	in this information to	identify your ca	ase.				ı				
		Martino M W									
	btor 2 buse, if filing)					_					
Uni	ited States Bankrupto	cy Court for the	SOUTHERN DISTRIC	CT OF OHIO		_					
	se number nown)			-			☐ Ar		ed filing ent showing	g postpetition	
	fficial Form						M	M / DD/ Y	YYY		
	chedule I: Y		ome sible. If two married peo								12/15
spo atta	use. If you are sepa ch a separate sheet	rated and you to this form. (Employment	are married and not filir r spouse is not filing w On the top of any additi	ith you, do not inc	lude infor	mati	on about	your spo mber (if	ouse. If mo known). A	ore space is	needed,
	If you have more than one job, attach a separate page with information about additional		■ Employed				☐ Emplo		<u> </u>		
		Employment status	☐ Not employed	ot employed			□ Not e	mployed			
	employers.		Occupation	Welder							
	Include part-time, s self-employed work		Employer's name	National Weld	ing, Inc.						
	Occupation may incor homemaker, if it		Employer's address	6709 Dryfork F Cleves, OH 45							
			How long employed t	here? 12 yea	ars			_			
Pai	rt 2: Give Deta	ails About Mon	thly Income								
	imate monthly incor use unless you are se		ate you file this form. If	you have nothing to	report for	any	line, write	\$0 in the	space. Inc	lude your no	n-filing
	ou or your non-filing s e space, attach a sep		ore than one employer, co	ombine the informat	ion for all	empl	oyers for t	hat perso	n on the lir	nes below. If	you need
							For Deb	tor 1		otor 2 or ng spouse	
2.		•	ry, and commissions (becalculate what the monthle	, ,	2.	\$	4,	784.00	\$	N/A	
3.	Estimate and list	monthly overti	те рау.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross In	ncome. Add lin	e 2 + line 3.		4.	\$	4,78	4.00	\$	N/A	

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 31 of 61

Deb	tor 1	Martino M Wilson	=	(Case	number (if known) _				
					Fo	r Debtor 1			Debtor 2		
	Cop	by line 4 here	4.		\$_	4,784.00)	\$		N/A	_
5.	List	all payroll deductions:									
٥.	5a.	Tax, Medicare, and Social Security deductions	5	а	\$	1,100.00	1	\$		N/A	
	5b.	Mandatory contributions for retirement plans	51		\$-	0.00	_	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	50		\$	332.00	_	\$		N/A	_
	5d.	Required repayments of retirement fund loans	50	d.	\$	0.00)	\$		N/A	_
	5e.	Insurance	5	e.	\$_	40.00)	\$		N/A	_
	5f.	Domestic support obligations	51		\$_	0.00	_	\$		N/A	_
	5g.	Union dues	5	-	\$_	0.00	_	\$		N/A	_
	5h.	Other deductions. Specify:	_ 51	h.+	\$_	0.00) +	- \$		N/A	_
6.	Add	d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	1,472.00	_	\$		N/A	-
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	3,312.00	<u>) </u>	\$		N/A	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total									
	O.L	monthly net income. Interest and dividends	8a 8l	a.	\$_ \$	0.00	_	\$		N/A	_
	8b. 8c.	Family support payments that you, a non-filing spouse, or a dependent		υ.	Φ_	0.00	<u>,</u>	Φ		N/A	_
	00.	regularly receive Include alimony, spousal support, child support, maintenance, divorce			Φ.		_	Φ.			
	04	settlement, and property settlement.	80 80		\$ \$	0.00	_	\$		N/A	_
	8d. 8e.	Unemployment compensation Social Security	86		» \$	0.00	_	\$		N/A N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:			\$	0.00		\$		N/A	-
	8g.	Pension or retirement income	_ 8	g.	\$	0.00	<u> </u>	\$		N/A	_
	8h.	Other monthly income. Specify:	81	h.+	\$_	0.00) +	- \$		N/A	_
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	. [\$	0.00)	\$		N/A	A
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		3,312.00 +	\$		N/A	= \$	3,312.00
10.		I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_		3,312.00	Ψ_		IN/A	- • -	3,312.00
11.	Star Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not excify:	dep						chedule 11.		0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The rester that amount on the Summary of Schedules and Statistical Summary of Certaillies							12.	\$	3,312.00
12	De	you expect an increase or decrease within the year often you file this form	2						L	Combine month!	ned y income
13.	=	you expect an increase or decrease within the year after you file this form No.	-								

Official Form 106I Schedule I: Your Income page 2

Fill	in this informa	ition to identify y	our case:			1		
Deb		Martino M W				Che	eck if this is:	
	_	martino in vi					An amended filing	
	tor 2 buse, if filing)							wing postpetition chapter the following date:
Unite	ed States Bankr	ruptcy Court for the	: SOUTH	IERN DISTRICT OF OHIO			MM / DD / YYYY	
Casi	e numbe r							
	nown)							
Of	ficial Fo	orm 106J				•		
		J: Your	Exper	ises				12/15
Be a	as complete a	and accurate as	s possible eded, atta	. If two married people and the control of the cont				or supplying correct
Part	Description 1: Descri	ribe Your House	ehold					
١.	■ No. Go to							
			in a separ	ate household?				
	□N	0						
	□ Y	es. Debtor 2 mu	st file Offici	al Form 106J-2, Expenses	for Separate House	ehold of De	btor 2.	
2.	Do you have	e dependents?	■ No					
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state							□ No
	dependents	names.						□ Yes □ No
								☐ Yes
								□ No
								☐ Yes
								□ No □ Yes
3.		enses include		No				— 103
		f people other t d your depende		Yes				
Port	t 2: Estim	ate Your Ongoi	ing Month	ly Evnances				
Esti	imate your ex	cpenses as of y	our bankr	uptcy filing date unless y y is filed. If this is a supp				
Incl	ude exnense	e naid for with	non-cash	government assistance it	vou know			
the	value of sucl	h assistance an		cluded it on Schedule I: Y			Vauravn	
(Off	icial Form 10)6l.)					Your exp	enses
4.		or home owners and any rent for th		ses for your residence. In	nclude first mortgag	e 4.	\$	0.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a.	\$	0.00
	•	rty, homeowner'				4b.	\$	0.00
				upkeep expenses		4c.	·	75.00
5.		owner's associa		dominium dues our residence, such as ho	me equity loans	4d. 5.	·	0.00 0.00
		. J. J. p			- 1- 17 1		•	-100

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 33 of 61

Debtor 1	Martino M Wilson	Case num	ber (if known)	
6. Util i	ties:			
6a.	Electricity, heat, natural gas	6a.	\$	170.00
6b.	Water, sewer, garbage collection	6b.	\$	153.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	•	483.00
6d.	Other. Specify:	6d.	*	0.00
			·	
	d and housekeeping supplies	7.	•	337.00
	dcare and children's education costs	8.	\$	0.00
	hing, laundry, and dry cleaning	9.	\$	50.00
	sonal care products and services	10.	\$	60.00
	lical and dental expenses	11.	\$	60.00
	nsportation. Include gas, maintenance, bus or train fare.	12.	\$	194.00
	not include car payments.	13.	\$	
	ertainment, clubs, recreation, newspapers, magazines, and books		·	50.00
	ritable contributions and religious donations	14.	\$	0.00
5. Ins u	irance. not include insurance deducted from your pay or included in lines 4 or 20.			
	Life insurance	15a.	2	0.00
	Health insurance	15a. 15b.		0.00
	Vehicle insurance	15b.	·	
				180.00
	Other insurance. Specify:	15d.	Φ	0.00
. rax Spe	es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify:	16.	\$	0.00
	allment or lease payments:			
17a	Car payments for Vehicle 1	17a.	\$	0.00
17b	Car payments for Vehicle 2	17b.	\$	0.00
17c.	Other. Specify:	17c.	\$	0.00
	Other. Specify:	17d.		0.00
	r payments of alimony, maintenance, and support that you did not report as		·	
	ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
9. Oth	er payments you make to support others who do not live with you.		\$	0.00
Spe	cify:	19.		
	er real property expenses not included in lines 4 or 5 of this form or on Scho			
20a	Mortgages on other property	20a.	\$	0.00
20b	Real estate taxes	20b.	\$	0.00
20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00
20d	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	Homeowner's association or condominium dues	20e.		0.00
	er. Specify:	21.		0.00
			. 4	0.00
	culate your monthly expenses			
	Add lines 4 through 21.		\$	1,812.00
22b	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c.	Add line 22a and 22b. The result is your monthly expenses.		\$	1,812.00
	culate your monthly net income.	00 -	c	
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	·	3,292.00
23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	1,812.00
23c.	Subtract your monthly expenses from your monthly income.			
	The result is your monthly net income.	23c.	\$	1,480.00
	ou expect an increase or decrease in your expenses within the year after yo			
	example, do you expect to finish paying for your car loan within the year or do you expect you	r mortgage į	payment to increase	e or decrease because of
	fication to the terms of your mortgage?			
	'es. Explain here:			

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 34 of 61

Fill in this info	mation to identify your					
	mation to identify your					
Debtor 1	Martino M Wilson First Name	Middle Name	Last Name			
Debtor 2	THOCHAMIO	Widale Name	Edot Namo			
Spouse if, filing)	First Name	Middle Name	Last Name			
Jnited States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT (OF OHIO			
Case number						
f known)					☐ Check if this is an amended filing	
ou must file the	is form whenever you fil	n connection with a bankr	or amended schedule	s. Making a false state	ement, concealing property, or 10, or imprisonment for up to 20	
Sig	ın Below					
Did you pa	ay or agree to pay some	one who is NOT an attorn	ey to help you fill out	bankruptcy forms?		
■ No						
☐ Yes.	Name of person		Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)			
	alty of perjury, I declare true and correct.	that I have read the summ	nary and schedules fil	ed with this declaratio	on and	
X /s/ Mai	rtino M Wilson		X			
	no M Wilson ure of Debtor 1		Signature of	f Debtor 2		
Date	June 6, 2017		Date			

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 35 of 61

Fill	in this inforn	nation to identify you	r case:								
Debtor 1		Martino M Wilso	Middle Name	Last Name							
Deb	tor 2	Filst Name	Middle Name	Last Name							
	use if, filing)	First Name	Middle Name	Last Name							
United States Bankruptcy Court for the:			SOUTHERN DISTRICT C	OF OHIO							
Case number						☐ Check if this is an amended filing					
Sta Be a infor	s complete a	of Financial	attach a separate sheet to	re filing together, both are	ankruptcy equally responsible for sup additional pages, write you						
		,	rital Status and Where You	Lived Before							
1.	What is you	at is your current marital status?									
	☐ Married■ Not mar	ried									
2.	During the la	ring the last 3 years, have you lived anywhere other than where you live now?									
	■ No□ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.										
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Address:		Dates Debtor 2 lived there					
	s and territori				ity property state or territory co, Texas, Washington and W						
	■ No □ Yes. Ma	ke sure you fill out <i>Sch</i>	nedule H: Your Codebtors (Of	ficial Form 106H).							
Part	Explai	n the Sources of You	r Income								
	Fill in the total	I amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-		dar years?					
	□ No ■ Yes. Fill	in the details.									
			Debtor 1		Debtor 2						
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)					
From January 1 of current year until the date you filed for bankruptcy:			■ Wages, commissions, bonuses, tips	\$30,077.50	☐ Wages, commissions, bonuses, tips						
			☐ Operating a business		☐ Operating a business						

Official Form 107

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 36 of 61

Debtor 1 Martino M Wilson Case number (if known) Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income Gross income Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$66,033.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2016) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$72,532.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2015) bonuses, tips bonuses, tips Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) For last calendar year: Taxable Refunds, \$501.00 (January 1 to December 31, 2016) credits, or offsets of state and local Income taxes For the calendar year before that: \$277.00 Taxable Refunds, (January 1 to December 31, 2015) credits, or offsets of state and local Income taxes Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? \square No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 37 of 61 Case number (if known)

	Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this pa	yment for	
7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corpor of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.							
	■ No□ Yes. List all payments to an insider.						
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for t	his payment	
8.	Within 1 year before you filed for bankruptc insider? Include payments on debts guaranteed or cosi		ments or transfer a	iny property on a	ccount of a de	bt that benefited ar	
	No☐ Yes. List all payments to an insider						
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for to	this payment tor's name	
Par	t 4: Identify Legal Actions, Repossession	s, and Foreclosures					
9.	Within 1 year before you filed for bankruptc List all such matters, including personal injury of modifications, and contract disputes. No Yes. Fill in the details.						
	Case title Case number	Nature of the case	Court or agency		Status of the case		
	City of Cincinnati, A Municipal Corporation v. Martino Wilson 17CV04678	Collection	Hamilton Coun Court 1000 Main Stre Cincinnati, OH	et #205	■ Pending □ On appea □ Conclude		
10.	Within 1 year before you filed for bankruptc Check all that apply and fill in the details below		rty repossessed, f	oreclosed, garnis	shed, attached	, seized, or levied?	
	■ No. Go to line 11.□ Yes. Fill in the information below.						
	Creditor Name and Address	Describe the Property		Date		Value of the property	
		Explain what happened				p. 5 p	
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment beca ■ No □ Yes. Fill in the details.		uding a bank or fir	nancial institution	ı, set off any a	mounts from your	
	Creditor Name and Address	Describe the action the	creditor took	Date taker	action was	Amount	
12.	Within 1 year before you filed for bankruptc court-appointed receiver, a custodian, or an □ No □ Yes		rty in the possessi	ion of an assigne	e for the bene	fit of creditors, a	

Debtor 1 Martino M Wilson

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 38 of 61

Deb	otor 1	Martino M Wilson		Case n	umber (if known)	
Par	t 5:	List Certain Gifts and Contribution	ıs				
13.		n 2 years before you filed for bankr No Yes. Fill in the details for each gift.	uptcy, c	lid you give any gifts with a total value of ı	more th	an \$600 per person	?
	Gifts with a total value of more than \$600 per person		00	Describe the gifts	Describe the gifts		Value
	Perso Addr	on to Whom You Gave the Gift and ress:	l				
14.		No		lid you give any gifts or contributions with	n a total	value of more than	\$600 to any charity?
		es. Fill in the details for each gift or c					
	more Char	or contributions to charities that the than \$600 rity's Name rest. Grand Street, City, State and ZIP Cod		Describe what you contributed		Dates you contributed	Value
Par		List Certain Losses					
15.		n 1 year before you filed for bankru mbling?	iptcy or	since you filed for bankruptcy, did you los	se anyth	ning because of thef	t, fire, other disaster,
	_	No Yes. Fill in the details.					
		cribe the property you lost and the loss occurred	Include	be any insurance coverage for the loss the amount that insurance has paid. List per ce claims on line 33 of Schedule A/B: Proper		Date of your loss	Value of property lost
Par	t 7:	List Certain Payments or Transfers	s				
16.	consu	ulted about seeking bankruptcy or	preparir	d you or anyone else acting on your behal ng a bankruptcy petition? s, or credit counseling agencies for services r			rty to anyone you
		No					
	■ Y	es. Fill in the details.					
	Person Who Was Paid Address Email or website address		Description and value of any property transferred		Date payment or transfer was made	Amount of payment	
	Person Who Made the Payment, if Not You Amourgis & Associates 3200 W. Market St.		Attorney's Fees: \$1, 000.00 Filing Fee: \$310.00			\$1,391.00	
		e 106		Credit Report: \$33.00			
	Akro	on, OH 44333		Credit Counseling and DEC: \$48.00			
17.	promi		ditors o	d you or anyone else acting on your behal r to make payments to your creditors? ed on line 16.	If pay o	r transfer any prope	rty to anyone who
		No Yes. Fill in the details.					
		on Who Was Paid		Description and value of any property transferred		Date payment or transfer was made	Amount of payment

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 39 of 61

Debtor 1 Martino M Wilson Case number (if known)

 Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do no include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. 						
	Person Who Received Transfer Address	Description and va property transferre		paym	ribe any property or ents received or debts n exchange	Date transfer was made
	Person's relationship to you					
19.	Within 10 years before you filed for bankruptcy, beneficiary? (These are often called asset-protect ■ No □ Yes. Fill in the details.		y property to a s	self-settle	ed trust or similar device o	f which you are a
	Name of trust	Description and va	alue of the prop	erty trans	sferred	Date Transfer was
		, , , , , , , , , , , , , , , , , , , ,				made
	List of Certain Financial Accounts, Instru	•	·	J		ur benefit. closed.
_0.	sold, moved, or transferred? Include checking, savings, money market, or ot houses, pension funds, cooperatives, associati	her financial accoun	ts; certificates	of deposi	, ,	, ,
	■ No					
	Yes. Fill in the details.					
		st 4 digits of count number	Type of accou instrument	nt or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21. Do you now have, or did you have within 1 year before you filed for bank cash, or other valuables?			bankruptcy, an	y safe de _l	posit box or other deposit	ory for securities,
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acce Address (Number, State and ZIP Code)		Describe the contents		Do you still have it?
22.	Have you stored property in a storage unit or pl	ace other than your	home within 1	year befo	re you filed for bankruptcy	?
	No Yes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or hat to it? Address (Number, State and ZIP Code)		Describe	the contents	Do you still have it?
Par	rt 9: Identify Property You Hold or Control for	Someone Fise				
23.			de any propert	y you bor	rowed from, are storing fo	r, or hold in trust
	■ No					
	Yes. Fill in the details.	1411				
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prope (Number, Street, City, St Code)		Describe	the property	Value
Par	rt 10: Give Details About Environmental Informa	ation				
For	the purpose of Part 10, the following definitions	apply:				
	Environmental law means any federal, state, or	local statute or regu	lation concerni	ng polluti	ion, contamination, releas	es of hazardous or

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

page 5

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 40 of 61

Debtor 1 Martino M Wilson Case number (if known)

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and know it Address (Number, Street, City, State and ZIP Code) ZIP Code) 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Name of site Environmental law, if you Date of notice Governmental unit Address (Number, Street, City, State and Address (Number, Street, City, State and ZIP Code) know it ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Yes. Fill in the details. **Case Title** Court or agency Nature of the case Status of the **Case Number** Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number** Address Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

Part 12: Sign Below

No

Name Address

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 6

Date Issued

Yes. Fill in the details below.

(Number, Street, City, State and ZIP Code)

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 41 of 61

Debtor 1	Martino M Wilson		Case number (if known)
		ng a false statement, concealing prop o to \$250,000, or imprisonment for up	erty, or obtaining money or property by fraud in connection to 20 years, or both.
	152, 1341, 1519, and 3571.	. , , , , , , , , , , , , , , , , , , ,	•
/s/ Martino	M Wilson		
Martino M	Wilson	Signature of Debtor 2	
Signature o	f Debtor 1		
Date Jun	e 6, 2017	Date	
Did you atta	ch additional pages to Your Stat	ement of Financial Affairs for Individ	uals Filing for Bankruptcy (Official Form 107)?
No			
□ Yes			
Did you pay	or agree to pay someone who is	not an attorney to help you fill out b	ankruptcy forms?
■ No			

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 42 of 61

LBR Form 2016-1(b)

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF OHIO

In re:		Case No.
Martino M Wilson		Chapter 13
	Debtor(s)	Judge

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR AND APPLICATION FOR ALLOWANCE OF FEES IN CHAPTER 13 CASE

I. Disclosure

1.	Pursuant to 11 U.S.C. § 329(a) and Fed. R. Bankr. P. 2016(b), I certify that that compensation paid to me within one year before the filing of the perservices rendered or to be rendered on behalf of the debtor(s) in contemplate follows:	tition in bankruptcy,	or agreed to be paid to me, for				
F	or legal services, I have agreed to accept	\$	3,500.00				
P	rior to the filing of this statement I have received	\$	1,000.00				
В	alance Due	\$	2,500.00				
2.	\$310.00 of the filing fee has been paid.						
3.	The source of the compensation paid to me was:						
	■ Debtor □ Other (specify):						
4.	The source of compensation to be paid to me is:						
	■ Debtor □ Other (specify):						
5.	■ I have not agreed to share the above-disclosed compensation with any other persons unless they are members and/or associates of my law firm.						
	☐ I have agreed to share the above-disclosed compensation with another p of my law firm. A copy of the agreement, together with a list of the nar attached.						

II. Application

- 6. I hereby apply for an allowance of fees in the amount set forth above. I understand and agree that the Court may approve, without itemization, an allowance of fees not to exceed \$3,500, for rendering the legal services set forth below. If I seek payment of fees in excess of \$3,500, I will file a separate application that sets forth the total amount of the fee requested, and that includes an itemization of all legal services performed, the amount and itemization of any expenses for which reimbursement is sought, the identification and hourly billing rate of any attorney, paralegal, or other professional person for whom fees are sought, and the actual time spend by the attorney, paralegal, or other professional person for whom fees are sought.
 - a. Initial client interview, preparation and signing of any retainer or representation agreement, analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether, and under what chapter, to file a petition in bankruptcy;
 - b. Advising the debtor concerning his or her obligations and duties pursuant to the Code, the Rules, the Local Rules, applicable court orders, and provisions of his or her chapter 13 plan;
 - c. Preparation and filing of any document required by § 521 of the Code, including Official Form 122C-1 and Official Form 122C-2 (if applicable), the petition, schedules, statement of financial affairs and any amendments thereto that may be required;
 - d. Preparation and filing chapter 13 plan, and any preconfirmation amendments thereto that may be required;

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 43 of 61

- e. Preparation and filing of payroll orders and amended payroll orders, except amended payroll orders prepared in connection with the modification of a plan or the temporary suspension of payments;
- f. Representation of the debtor at the § 341 meeting of creditors and confirmation hearing, and at any adjournments thereof;
- g. Filing of address changes for the debtor;
- h. Review of claims;
- i. Review of notice of intention to pay claims;
- j. Preparation and filing of objections to non-real estate and non-tax claims, exclusive of any hearings;
- k. Preparation and filing of first motion to suspend or temporarily reduce plan payments;
- 1. Representation of the debtor in addressing any routine tax return or tax refund inquiries by the trustee, exclusive of any motion, objection, or hearing;
- m. Filing of a notice of final cure payment, when filed by the debtor, exclusive of any hearings;
- n. Preparation and filing of debtor's certification regarding issuance of discharge order;
- o. Routine phone calls and questions;
- p. File maintenance and routine case management; and
- q. Any other duty as required by local decision or policy.

See Rights and Responsibilities

7. By agreement with the debtor(s), the above-disclosed fee does not include the following services: **See Rights and Responsibilities**

June 6, 2017	/s/ Steven V. Sor
Date	Steven V. Sorg

Name
JP Amourgis & Associates - Cincinnati
300 E. Business Way
Suite 200
Cincinnati, OH 45241
513-826-4408
Fax: 330-436-5230

bk_cincinnati@amourgis.com

0059929

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 44 of 61

Fill in this information to identify your case:						
Debtor 1	Martino M Wilson					
Debtor 2 (Spouse, if filing)						
United States B	Sankruptcy Court for the: Southern District of Ohio					
Case number (if known)						

С	Check as directed in lines 17 and 21:							
	According to the calculations required by this Statement:							
		1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).						
		2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).						
		3. The commitment period is 3 years.						
		4. The commitment period is 5 years.						

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

auu	itional pages, write your name and case number (ii	Kilowii).					
Par	t 1: Calculate Your Average Monthly Income						
1.	What is your marital and filing status? Check one	only.					
	■ Not married. Fill out Column A, lines 2-11.						
	☐ Married. Fill out both Columns A and B, lines 2-11						
1 tl	Fill in the average monthly income that you received from a 01(10A). For example, if you are filing on September 15, the 6-he 6 months, add the income for all 6 months and divide the tot pouses own the same rental property, put the income from that	month pe al by 6. Fi	riod would	l be March 1 throusult. Do not includ	ugh August 31. If the de any income amou	amount of your monthly income varied on the more than once. For example, if both	
					Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime payroll deductions).	e, and co	mmissi	ons (before all	\$ 5,704.0	8 \$	
3.	Alimony and maintenance payments. Do not include Column B is filled in.	le payme	ents from	a spouse if	\$	0	
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.					\$0.0	0 \$	
5.	Net income from operating a business, profession, or farm	Debtor	1				
	Gross receipts (before all deductions)	\$	0.00				
	Ordinary and necessary operating expenses	- \$ _	0.00				
	Net monthly income from a business, profession, or fa	arm \$ _	0.00	Copy here ->	\$ 0.0	<u>0 \$ </u>	
6.	Net income from rental and other real property	Debtor					
	Gross receipts (before all deductions)	\$	0.00				
	Ordinary and necessary operating expenses	- \$ _	0.00			_	
	Net monthly income from rental or other real property	\$	0.00	Copy here ->	\$ 0.0	0 \$	

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 45 of 61

Debtor 1	Martino M Wilson			Case number	(if known)			
				Column A Debtor 1		Column B Debtor 2 o non-filing		
7. Int	erest, dividends, and royalties			\$	0.00	\$		
8. U n	employment compensation			\$	0.00	\$		
	not enter the amount if you contend that the amo Social Security Act. Instead, list it here:		nefit under					
1	For you	\$ \$	0.00					
	For your spouse	\$						
9. Pe	nsion or retirement income. Do not include any nefit under the Social Security Act.		was a	\$	0.00	\$		
Do red do	come from all other sources not listed above. So not include any benefits received under the Social ceived as a victim of a war crime, a crime against I mestic terrorism. If necessary, list other sources of all below.	al Security Act or paym numanity, or internation	nents nal or	\$	0.00	\$		
				\$	0.00	\$		
	Total amounts from separate pages, if any.		+	\$	0.00	\$		
	Iculate your total average monthly income. Add the column. Then add the total for Column A to the		r \$	5,704.08	+ \$			5,704.08 al average nthly income
12. Co 13. Ca	py your total average monthly income from lin lculate the marital adjustment. Check one:	e 11.					\$	5,704.08
	You are not married. Fill in 0 below.							
	You are married and your spouse is filing with y	ou. Fill in 0 below.						
	You are married and your spouse is not filing w Fill in the amount of the income listed in line 11 dependents, such as payment of the spouse's t	, Column B, that was N						
	Below, specify the basis for excluding this incoradjustments on a separate page.	me and the amount of i	income de	voted to each	purpose	. If necessary,	list addit	ional
	If this adjustment does not apply, enter 0 below							
			_ \$		_			
			_ \$_		_			
			_ _* \$					
	Total		\$	0.0	0 c	py here=>		0.00
14. Y	our current monthly income. Subtract line 13 fr	om line 12.					\$	5,704.08
15. C	alculate your current monthly income for the y	rear. Follow these step	ps:					
1	5a. Copy line 14 here=>						\$	5,704.08
	Multiply line 15a by 12 (the number of month	s in a year).					x 1	12
1	5b. The result is your current monthly income for	the year for this part o	of the form.				\$	68,448.96

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 46 of 61

Debt	or 1	Mart	ino M Wilson			Case number (if known)		
16	. Calo	culate	the median family income that applies to	you. Foll	ow these st	eps:		
	16a	. Fill in	the state in which you live.		ОН	_		
	16h	Fill in	the number of people in your household.		1			
			the median family income for your state and	size of h		-	Φ.	46,242.00
	100.	To fir	nd a list of applicable median income amount actions for this form. This list may also be available.	s, go onli	ne using th		Φ.	
17	. Hov	v do tl	ne lines compare?					
	17a.	. 🗆	Line 15b is less than or equal to line 16c. (11 U.S.C. § 1325(b)(3). Go to Part 3. Do 1					
	17b.	. •	Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calc your current monthly income from line 14 a	ulation o				
Par	t 3:	Ca	culate Your Commitment Period Under 11	U.S.C. §	1325(b)(4)			
18.	Сор	y you	r total average monthly income from line	11			\$	5,704.08
19.	cont	tend th	e marital adjustment if it applies. If you are at calculating the commitment period under noome, copy the amount from line 13.	e married	, your spou	se is not filing with you, and you		
	•		marital adjustment does not apply, fill in 0 or	n line 19a			- \$	0.00
	19b.	Subt	ract line 19a from line 18.				\$_	5,704.08
20.	Calo	culate	your current monthly income for the year	. Follow	these steps	:		
			line 19b				\$	5,704.08
		Multi	oly by 12 (the number of months in a year).					x 12
								X 12
	20b	. The r	esult is your current monthly income for the y	ear for th	nis part of th	ne form	\$	68,448.96
	20c.	Сору	the median family income for your state and	size of h	ousehold fr	om line 16c	\$	46,242.00
	04		de the Programme O					
	21.	_	do the lines compare?					
			Line 20b is less than line 20c. Unless otherw period is 3 years. Go to Part 4.	ise order	ed by the co	ourt, on the top of page 1 of this form, o	heck box 3,	The commitment
			Line 20b is more than or equal to line 20c. Un commitment period is 5 years. Go to Part 4.	nless oth	erwise orde	red by the court, on the top of page 1 c	of this form,	check box 4, The
Par	t 4:	Sig	n Below					
	By s	signing	here, under penalty of perjury I declare that	the inforn	nation on th	is statement and in any attachments is	true and co	rrect.
)	(/s/	Mart	ino M Wilson					
			M Wilson		_			
	•	•	e of Debtor 1 ne 6, 2017					
	Duit		/ DD / YYYY					
	If yo	u che	cked 17a, do NOT fill out or file Form 122C-2	·.				

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 47 of 61

Fill in	this information	to identify your case:					
Debtor	1 Marti	no M Wilson					
Debtor	r 2 se, if filing)						
United	States Bankrupt	cy Court for the: Souther	n District of Ohio				
Case r	number wn)				Check if this is	s an amended	filing
	1 Form 122C-2 pter 13 C	alculation of Y	our Disposabl	e Income			04/16
		u will need your complete	ed copy of Chapter 13 Sta	atement of Your Current Me	onthly Income	and Calculation	n of
space i	is needed, attac		form, Include the line nu	together, both are equally mber to which additional in			
Part 1	Calculate '	Your Deductions from Yo	ur Income				
the	questions in lin		tandards, go online using	rds for certain expense am I the link specified in the se			
exp	enses if they are	higher than the standards.	Do not include any operation	l expense. In later parts of thing expenses that you subtractionse's income in line 13 of Fo	cted from incom	use some of you e in lines 5 and	ur actual 6 of Form
If yo	our expenses diffe	er from month to month, ent	ter the average expense.				
Note	e: Line numbers	I-4 are not used in this forn	m. These numbers apply to	information required by a sin	nilar form used i	n chapter 7 case	es.
5.	The number of	people used in determini	ing your deductions from	income			
	plus the numbe			our federal income tax return s number may be different fro		1	
Nati	ional Standards	You must use the	e IRS National Standards to	answer the questions in line	es 6-7.		
6.		, and other items: Using the the dollar amount for food		ntered in line 5 and the IRS N	National	\$	639.00
7.	the dollar amou people who are	nt for out-of-pocket health o	care. The number of people people have a higher IRS	you entered in line 5 and the is split into two categoriesallowance for health car cost in line 22.	people who are	under 65 and	

Official Form 22C-2

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 48 of 61

Debtor 1 Martino M Wilson Case number (if known) People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 1 7c. Subtotal. Multiply line 7a by line 7b. 49.00 Copy here=> \$ 49.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 117 7e. Number of people who are 65 or older 0 7f. Subtotal. Multiply line 7d by line 7e. 0.00 Copy here=> 0.00 7g. Total. Add line 7c and line 7f 49.00 Copy total here=> 49.00 Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 489.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 891.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment -NONE-\$ Сору Repeat this amount 0.00 9b. Total average monthly payment 0.00 here=> on line 33a. 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage Copy 891.00 891.00 or rent expense). If this number is less than \$0, enter \$0. here=> 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and 0.00 affects the calculation of your monthly expenses, fill in any additional amount you claim. Explain why:

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 49 of 61

Debtor 1 Martino M Wilson Case number (if known) 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. ☐ 0. Go to line 14. ☐ 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the 0.00 operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. 13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. **Describe Vehicle 1:** Vehicle 1 13a. Ownership or leasing costs using IRS Local Standard..... 0.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Name of each creditor for Vehicle 1 Average monthly payment \$ Repeat this Copy amount on Total Average Monthly Payment \$ 0.00 here => -\$ line 33b. 13c. Net Vehicle 1 ownership or lease expense Copy net Vehicle 1 Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. expense here 0.00 0.00 Vehicle 2 Describe Vehicle 2: 13d. Ownership or leasing costs using IRS Local Standard..... 0.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment Copy Repeat this here amount on line Total average monthly payment 0.00 => 13f. Net Vehicle 2 ownership or lease expense Copy net Vehicle 2 Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. expense here 0.00 0.00 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the 0.00 Public Transportation expense allowance regardless of whether you use public transportation. 15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may 0.00 not claim more than the IRS Local Standard for Public Transportation.

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 50 of 61

Debtor 1 Martino M Wilson Case number (if known)

Otno	er Necessary Expenses	In addition to the expert the following IRS cated		listed above	, you are allowed your monthly expenses	for	
16.	self-employment taxes, s your pay for these taxes.	ocial security taxes, and N However, if you expect to from the total monthly an	Medicare taxes receive a tax i	. You may ind refund, you m	nd local taxes, such as income taxes, clude the monthly amount withheld from nust divide the expected refund by 12 for taxes.	\$	0.00
47			Laterdore Cercer de	- (<u> </u>	
17.	contributions, union dues	, and uniform costs.			quires, such as retirement	Φ.	0.00
	Do not include amounts	hat are not required by yo	our job, such as	voluntary 40	01(k) contributions or payroll savings.	\$	0.00
18.	Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any for of life insurance other than term.						0.00
19.	9. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.						
					You will list these obligations in line 35.	\$	0.00
20.	Education: The total mo	nthly amount that you pay	for education	that is either	required:		
	as a condition for you	r job, or					
	for your physically or	mentally challenged deper	ndent child if n	o public educ	ation is available for similar services.	\$	0.00
21.		nthly amount that you pay for any elementary or sec		•	sitting, daycare, nursery, and preschool.	\$	0.00
22			•		amount that you pay for health care	· —	
22.	that is required for the he by a health savings acco		your depende unt that is more	nts and that is than the tota	s not reimbursed by insurance or paid al entered in line 7.	\$	0.00
00	•	· ·			•	<u> </u>	
	23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.						
						+\$	0.00
24.	expenses, such as those		cial Form 122C	-1, or any am		+ \$	2,068.00
	expenses, such as those	reported on line 5 of Office allowed under the IRS of ons These are additional additional and the IRS of the I	cial Form 122C expense allow onal deductions	-1, or any am vances. allowed by the	nount you previously deducted.		
Add	expenses, such as those Add all of the expenses Add lines 6 through 23. itional Expense Deduction	reported on line 5 of Office allowed under the IRS of ons These are addition Note: Do not include:	expense allow onal deductions ude any expens	allowed by the allowances.	nount you previously deducted. he Means Test. s listed in lines 6-24.		
Add	Add all of the expenses Add lines 6 through 23. itional Expense Deducti Health insurance, disal	reported on line 5 of Office allowed under the IRS of ons These are addition Note: Do not include illity insurance, and hear	expense allow enal deductions ude any expens lth savings ac	allowed by the allowances count expen	nount you previously deducted.	\$	
Add	Add all of the expenses Add lines 6 through 23. itional Expense Deducti Health insurance, disal insurance, disability insu	reported on line 5 of Office allowed under the IRS of ons These are addition Note: Do not include illity insurance, and hear	expense allow enal deductions ude any expens lth savings ac	allowed by the allowances count expen	the Means Test. Is listed in lines 6-24. Inses. The monthly expenses for health	\$	
Add	Add all of the expenses Add lines 6 through 23. itional Expense Deducti Health insurance, disal insurance, disability insu your dependents.	reported on line 5 of Office allowed under the IRS of ons These are addition Note: Do not include illity insurance, and hear	expense allow expense allow anal deductions ude any expens lth savings ac accounts that	allowed by the se allowances count expense reasonab	the Means Test. Is listed in lines 6-24. Inses. The monthly expenses for health	\$	
Add	Add all of the expenses Add lines 6 through 23. itional Expense Deducti Health insurance, disal insurance, disability insu your dependents. Health insurance	reported on line 5 of Office allowed under the IRS of ons These are addition Note: Do not include illity insurance, and hear	expense allow expense allow anal deductions ude any expens lth savings ac accounts that	rances. allowed by the se allowances count expenser reasonab	the Means Test. Is listed in lines 6-24. Inses. The monthly expenses for health	\$	
Add	Add all of the expenses Add lines 6 through 23. itional Expense Deducti Health insurance, disability insurance, disability insurance Disability insurance	reported on line 5 of Office allowed under the IRS of ons These are addition Note: Do not include illity insurance, and hear	expense allow anal deductions ude any expense Ith savings ac accounts that	allowed by the seallowances count experimentary reasonab 0.00 0.00	the Means Test. Is listed in lines 6-24. Inses. The monthly expenses for health	\$	
Add	Add all of the expenses Add lines 6 through 23. itional Expense Deducti Health insurance, disability insurance, disability insurance Disability insurance Health savings account	reported on line 5 of Office allowed under the IRS of ons These are addition Note: Do not include in including the insurance, and hearance, and health savings	expense allow anal deductions ude any expense accounts that \$	allowed by the seallowances count expensare reasonab 0.00 0.00 0.00	the Means Test. Is listed in lines 6-24. Inses. The monthly expenses for health only necessary for yourself, your spouse, o	\$r	2,068.00
Add	expenses, such as those Add all of the expenses Add lines 6 through 23. itional Expense Deducti Health insurance, disability insurance, disability insurance Disability insurance Disability insurance Health savings account Total Do you actually spend the	reported on line 5 of Office allowed under the IRS of ons These are addition Note: Do not include in including the insurance, and hearance, and health savings	expense allow anal deductions ude any expense accounts that \$	allowed by the seallowances count expensare reasonab 0.00 0.00 0.00	the Means Test. Is listed in lines 6-24. Inses. The monthly expenses for health only necessary for yourself, your spouse, o	\$r	2,068.00
Add	expenses, such as those Add all of the expenses Add lines 6 through 23. itional Expense Deducti Health insurance, disability insurance, disability insurance Disability insurance Disability insurance Health savings account Total Do you actually spend the	reported on line 5 of Office allowed under the IRS of ons These are addition Note: Do not included in the incl	expense allow anal deductions ude any expense accounts that \$	allowed by the seallowances count expensare reasonab 0.00 0.00 0.00	the Means Test. Is listed in lines 6-24. Inses. The monthly expenses for health only necessary for yourself, your spouse, o	\$r	2,068.00
Add	Add all of the expenses Add lines 6 through 23. itional Expense Deductional Insurance, disability insurance Disability insurance Disability insurance Disability insurance Health savings account Total Do you actually spend the No. How much divided Yes Continued Contribution Continue to pay for the reyour household or members.	reported on line 5 of Office sallowed under the IRS of ons These are addition Note: Do not included in the inc	expense allow anal deductions ude any expense accounts that	allowed by the seallowances. allowed by the seallowances count expensare reasonabe 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	he Means Test. Is listed in lines 6-24. Inses. The monthly expenses for health oly necessary for yourself, your spouse, o Copy total here=> e actual monthly expenses that you will rly, chronically ill, or disabled member of such expenses. These expenses may	\$r	2,068.00
25.	Add all of the expenses Add lines 6 through 23. itional Expense Deductional Insurance, disability insurance Disability insurance Disability insurance Health savings account Total Do you actually spend the No. How much down Yes Continued contribution continue to pay for the regour household or membinclude contributions to a Protection against fam	reported on line 5 of Office allowed under the IRS of Note: Do not include the IRS of Note: Do	expense allow anal deductions ude any expense accounts that	allowed by the see allowances. allowed by the see allowances. count expensare reasonabe. 0.00	he Means Test. Is listed in lines 6-24. Inses. The monthly expenses for health olly necessary for yourself, your spouse, o Copy total here=> e actual monthly expenses that you will rely, chronically ill, or disabled member of such expenses. These expenses may 629A(b) enses that you incur to maintain the	\$r	0.00
25.	Add all of the expenses Add lines 6 through 23. itional Expense Deduction Health insurance, disability insurance, disability insurance Disability insurance Disability insurance Health savings account Total Do you actually spend the No. How much dealth yes Continued contribution continue to pay for the reyour household or membinclude contributions to a Protection against fam safety of you and your face.	reported on line 5 of Office allowed under the IRS of Note: Do not include the IRS of Note: Do	sial Form 122C expense allow anal deductions ude any expense lith savings ac accounts that \$ + \$ s pold or family no care and suppo- care and suppo- clip who is unable BLE program. I bly necessary in the same and suppo- lence Preventice	allowed by the se allowances. allowed by the se allowances count expensare reasonable. 0.00 0.00 0.00 0.00 0.00 0.00 0.00 onembers. The second of an elder to pay for second of an elder to pay for second of the second	he Means Test. Is listed in lines 6-24. Inses. The monthly expenses for health olly necessary for yourself, your spouse, o Copy total here=> e actual monthly expenses that you will rily, chronically ill, or disabled member of such expenses. These expenses may 529A(b)	\$r	0.00

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 51 of 61

28.	Martino M Wilson	Case number (if known)				
	Additional home energy costs. Your hom line 8.	e energy costs are included in your insurance and operating expenses on				
	If you believe that you have home energy c 8, then fill in the excess amount of home er	osts that are more than the home energy costs included in expenses on linergy costs	ne			
	You must give your case trustee document amount claimed is reasonable and necessary	ation of your actual expenses, and you must show that the additional ary.		\$	0.00	
		Iren who are younger than 18. The monthly expenses (not more than ependent children who are younger than 18 years old to attend a private or				
	You must give your case trustee document claimed is reasonable and necessary and r	ation of your actual expenses, and you must explain why the amount not already accounted for in lines 6-23.				
	* Subject to adjustment on 4/01/19, and ever	ery 3 years after that for cases begun on or after the date of adjustment.		\$	0.00	
		he monthly amount by which your actual food and clothing expenses are allowances in the IRS National Standards. That amount cannot be more s in the IRS National Standards.				
		ional allowance, go online using the link specified in the separate so be available at the bankruptcy clerk's office.				
	You must show that the additional amount of	claimed is reasonable and necessary.		\$	0.00	
	Continuing charitable contributions. The instruments to a religious or charitable orga	e amount that you will continue to contribute in the form of cash or financial inization. 11 U.S.C. § 548(d)(3) and (4).				
	Do not include any amount more than 15%	of your gross monthly income.		\$	0.00	
32.	2. Add all of the additional expense deductions. Add lines 25 through 31.					
Ded	uctions for Debt Payment					
Id T	oans, and other secured debt, fill in lines To calculate the total average monthly paym	•				
	creditor in the 60 months after you file for ba Mortgages on your home			verage mo	onthly	
222	Mortgages on your home	nkruptcy. Then divide by 60.		verage mo ayment		
33a.	Mortgages on your home Copy line 9b here				0.00	
	Mortgages on your home Copy line 9b here Loans on your first two vehicles	nkruptcy. Then divide by 60.			0.00	
33b.	Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here	nkruptcy. Then divide by 60.			0.00	
33b.	Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here	nkruptcy. Then divide by 60.			0.00	
33b. 33c. 33d.	Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts:	nkruptcy. Then divide by 60. => => =>			0.00	
33b. 33c. 33d.	Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here	nkruptcy. Then divide by 60.			0.00	
33b. 33c. 33d.	Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts:	Identify property that secures the debt Does payment include taxes			0.00	
33b. 33c. 33d.	Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts:	Identify property that secures the debt Does payment include taxes or insurance?	\$		0.00	
33b. 33c. 33d.	Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: se of each creditor for other secured debt	Identify property that secures the debt Does payment include taxes or insurance? No Yes			0.00	
33b. 33c. 33d.	Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: se of each creditor for other secured debt	Identify property that secures the debt Does payment include taxes or insurance? No Yes	\$		0.00	
33b. 33c. 33d.	Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: se of each creditor for other secured debt	Identify property that secures the debt Does payment include taxes or insurance? No Yes	\$		0.00	
33b. 33c. 33d.	Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: se of each creditor for other secured debt	Identify property that secures the debt Does payment include taxes or insurance? No Yes	\$ \$ \$ \$ \$ \$		0.00	
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	Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: se of each creditor for other secured debt	Identify property that secures the debt Does payment include taxes or insurance? No Yes No Yes	\$ \$ \$ \$ \$ \$		0.00	

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 52 of 61

ebtor 1	Mart	tino M Wilson			Case	number (if known)			
		debts that you listed in line property necessary for you							
	No.	Go to line 35.							
	Yes.	State any amount that you listed in line 33, to keep pool Next, divide by 60 and fill in	ssession of your propert						
Name	e of the	creditor	Identify property that s	ecures the deb		Total cure amount		onthly c	ure
-NO	NE-				\$		÷ 60 = \$		
					Total	\$	Copy total here=:	\$	0.00
	•	owe any priority claims - su due as of the filing date of		• • • •	•	at			
	No.	Go to line 36.							
	l Yes.	Fill in the total amount of al ongoing priority claims, suc	. ,		e current or				
		Total amount of all past-de	ue priority claims			0.00	0 ÷ 60	\$	0.00
36. P ı	rojecte	d monthly Chapter 13 plan			9	3			
O th To	ffice of e Exec o find a l	nultiplier for your district as s the United States Courts (for utive Office for United States ist of district multipliers that inclu nstructions for this form. This list	districts in Alabama an Trustees (for all other of des your district, go online	d North Caroli listricts). using the link sp	na) or by xecified in the	(¬.		
A	verage	monthly administrative expe	nse			\$	Copy tota		
		of the deductions for debt es 33e through 36.	payment.					\$	0.00
Total	Deduc	tions from Income							
38. A	dd all d	of the allowed deductions.							
		ne 24, All of the expenses all e allowances	owed under IRS	\$	2,068.00				
(Copy lir	ne 32, All of the additional ex	pense deductions	\$	0.00				
(Copy lir	ne 37, All of the deductions fo	or debt payment	+\$	0.00				
٦	Fotal de	eductions		\$	2,068.00	Copy total here	=>	\$	2,068.00

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 53 of 61

otor 1	Martino M Wil	son		Cas	se num	ber (if known)		
rt 2:	Determine You	ur Disposable Income Under 11 U.S.C	C. § 1325(b)(2)				
		rent monthly income from line 14 of Current Monthly Income and Calcula					\$	5,704.08
ch i dis rec	ildren. The month ability payments feived in accordan	oly necessary income you receive for nly average of any child support paymen or a dependent child, reported in Part I nce with applicable nonbankruptcy law to ended for such child.	nts, foster of of Form 12	are payments, or 2C-1, that you	\$		0.00	
em in 1	ployer withheld from	etirement deductions. The monthly to om wages as contributions for qualified)(7) plus all required repayments of loar 2. § 362(b)(19).	retirement	plans, as specified	i \$		0.00	
2. To t	tal of all deduction	ons allowed under 11 U.S.C. § 707(b)((2)(A). Cop	y line 38 here =	> \$	2,06	8.00	
exp the	penses and you havir expenses. You	ial circumstances. If special circumsta ave no reasonable alternative, describe must give your case trustee a detailed of documentation for the expenses.	the specia	l circumstances an	nd			
escri	be the special ci	rcumstances		Amount of expe	ense			
				\$				
				\$		•		
				\$				
			Total \$_	0.00	Co hei	py re=> \$	0.00	
4. To t	tal adjustments.	Add lines 40 through 43.		=>	\$	2,068.00	Copy here=> -\$	2,068.00
5. Ca	Iculate your mor	nthly disposable income under § 1325	5(b)(2). Sul	otract line 44 from l	line 3	9.	\$	3,636.08
hav tim you	ange in income of the changed or are e your case will but if the graph of the change o	or expenses. If the income in Form 122 e virtually certain to change after the date e open, fill in the information below. For n, check 122C-1 in the first column, enter in when the increase occurred, and fill in	e you filed example, i er line 2 in	your bankruptcy pe if the wages reporte the second column	etition ed inc n, exp	and during the reased after		
orm	Line	Reason for change		Date of change	•	Increase or decrease?	Amount of ch	nange
1220 1220 1220 1220 1220	0-2 0-1 0-2 0-1					☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Decrease	\$ \$	
1220	C-1			_		☐ Increase		
1220	0-2					☐ Decrease	\$	

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 54 of 61

Debtor 1	Martino M Wilson	Case number (if known)
Part 4:	Sign Below	
E	By signing here, under penalty of perjury you declare that the	ne information on this statement and in any attachments is true and correct.
-	/s/ Martino M Wilson Martino M Wilson Signature of Debtor 1	
	June 6, 2017 MM / DD / YYYY	

Case 1:17-bk-12075 Doc 1 Filed 06/06/17 Entered 06/06/17 10:54:45 Desc Main Document Page 55 of 61

Debtor 1 Martino M Wilson Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 12/01/2016 to 05/31/2017.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: National Welding, Inc.

Income by Month:

6 Months Ago:	12/2016	\$4,147.00
5 Months Ago:	01/2017	\$4,589.75
4 Months Ago:	02/2017	\$5,513.75
3 Months Ago:	03/2017	\$6,573.00
2 Months Ago:	04/2017	\$6,108.00
Last Month:	05/2017	\$7,293.00
	Average per month:	\$5,704.08

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Aqua Finance Inc 1 Corporate Dr Wausau, WI 54401

Belden Jewelers/Sterling Jewelers, Inc Attn: Bankruptcy Po Box 1799 Akron, OH 44309

Best Buy Credit Services P.O. Box 78009 Phoenix, AZ 85062

Capital One Attn: General Correspondence/Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Capital One / Menard Attn: General Correspondence/Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Citibank / Sears Citicorp Credit Services/Attn: Centraliz Po Box 790040 Saint Louis, MO 63179

Citibank North America Citicorp Credit Srvs/Centralized Bankrup Po Box 790040 Saint Louis, MO 63179

Citibank/The Home Depot Citicorp Cr Srvs/Centralized Bankruptcy Po Box 790040 S Louis, MO 63129

City of Cincinnati Finance & Budget 805 Central Ave. Suite 600 Cincinnati, OH 45202

Comenitycapital/gmstop Comenity Bank Po Box 182125 Columbus, OH 43218

Firts Premier Bank 601 S Minneapolis Ave Sioux Falls, SD 57104 Joseph C. Neff, Esq. Assistant City Solicitor 224 City Hall, 801 Plum St. Cincinnati, OH 45202

Paula Boggs Muething City Solicitor 224 City Hall, 801 Plum St. Cincinnati, OH 45202

PayPal Credit P.O. Box 105658 Atlanta, GA 30348

Synchrony Bank/Sams Po Box 965060 Orlando, FL 32896

T-Mobile P.O. Box 742596 Cincinnati, OH 45274

Target C/O Financial & Retail Srvs Mailstopn BT POB 9475 Minneapolis, MN 55440

Time Warner Cable SWO Division P.O. Box 1060 Carol Stream, IL 60132

US Bank/Rms CC Card Member Services Po Box 108 St Louis, MO 63166

Wells Fargo Bank Card Mac F82535-02f Po Box 10438 Des Moines, IA 50306

Wells Fargo Home Mortgage 8480 Stagecoach Cir Frederick, MD 21701